

TROOPS TO TEACHERS

"Continuing a Career of Service"

APPLICATION FOR CERTIFICATION

For use in requesting initial and additional certificates and endorsements.

Office of Arizona Troops to Teachers: P.O. Box 6490, Phoenix, AZ 85005-6490
Fax: (602) 542-1141 Attn: Sue Collins Email: scollin@ade.az.gov Telephone: 1-800-830-2134 OR (602) 542-4257

GENERAL INSTRUCTIONS AND INFORMATION: Please submit the following:

- A valid Arizona Fingerprint Clearance Card (plastic) issued by the Arizona Department of Public Safety at (602) 223-2279.
- Complete this application and submit a money order, cashiers check or personal check **ONLY** for the amount due, made payable to the Arizona Department of Education (ADE). Fees are not refundable. **Cash will not be accepted.**
- Official transcript(s), photocopies will not be accepted.

SECTION 1: PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

Social Security Number: _____ **Date of Birth:** ____/____/____ **Gender:** M / F
(For identification purposes only)

Full Legal Name: _____
Last First Middle

Mailing Address: _____
Street Number or P.O. Box City State Zip

Telephone: (____) _____ **Email Address:** _____
(Home) (Home)

Ethnicity: ____ Asian or Pacific Islander ____ Black or African-American (Not-Hispanic) ____ Hispanic or Latino
____ White (Not-Hispanic) ____ American Indian or Alaskan Native ____ Other

(Gender and Ethnicity are requested for federal reporting purposes only)

SECTION 2: CERTIFICATION TYPE AND FEES

TEACHING CERTIFICATES:

Are you applying for an elementary, secondary or special education certificate under the rules of reciprocity? YES NO

If yes, please include a notarized copy of the valid out-of-state certificate.

___ SUBSTITUTE.....\$60	___ SECONDARY (7-12)(ONE APPROVED AREA)-
___ ELEMENTARY (K-8).....\$60	AREA.....\$60
___ APPROVED AREA ELEMENTARY (OPTIONAL)-	___ ADDITIONAL APPROVED AREA SECONDARY-
AREA.....\$60	AREA.....\$60

SPECIAL EDUCATION (K-12):

___ CROSS-CATEGORICAL (ED, LD, MR, O/HI).....\$60	___ MENTAL RETARDATION\$60
___ EARLY CHILDHOOD (BIRTH TO AGE 5).....\$60	___ ORTHOPEDIC/HEALTH IMPAIRMENT\$60
___ EMOTIONAL DISABILITY.....\$60	___ SEVERELY AND PROFOUNDLY DISABLED\$60
___ HEARING IMPAIRED.....\$60	___ SPEECH AND LANGUAGE IMPAIRED\$60
___ LEARNING DISABILITY\$60	___ VISUALLY IMPAIRED\$60

CAREER AND TECHNICAL EDUCATION CERTIFICATES (K-12):

___ AGRICULTURE\$60	___ HEALTH CAREERS\$60
___ BUSINESS AND MARKETING\$60	___ INDUSTRIAL TECHNOLOGY\$60
___ FAMILY AND CONSUMER SCIENCES\$60	

ADMINISTRATIVE CERTIFICATES (PRE K-12):

___ PRINCIPAL\$60	___ SUPERVISOR\$60
___ SUPERINTENDENT\$60	

PROFESSIONAL NON-TEACHING CERTIFICATES:

___ GUIDANCE COUNSELOR (K-12)\$60	___ SCHOOL PSYCHOLOGIST (PRE K-12)\$60
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OTHER CERTIFICATES:

___ ADULT EDUCATION\$60	___ JUNIOR RESERVE OFFICER TRAINING CORPS.....\$60
___ ATHLETIC COACHING\$60	___ TEACHER INTERN\$60

ENDORSEMENTS:

(A valid Arizona teaching certificate is required. Endorsements are K-12, unless indicated otherwise.)

<input type="checkbox"/> ART	\$60	<input type="checkbox"/> PROVISIONAL ENGLISH AS A SECOND LANGUAGE ...	\$60
<input type="checkbox"/> PROVISIONAL BILINGUAL-		<input type="checkbox"/> FULL ENGLISH AS A SECOND LANGUAGE	\$60
<input type="checkbox"/> LANGUAGE:	\$60	<input type="checkbox"/> PROVISIONAL GIFTED	\$60
<input type="checkbox"/> FULL BILINGUAL -		<input type="checkbox"/> FULL GIFTED	\$60
<input type="checkbox"/> LANGUAGE:	\$60	<input type="checkbox"/> LIBRARY MEDIA SPECIALIST	\$60
<input type="checkbox"/> COMPUTER SCIENCE	\$60	<input type="checkbox"/> MATHEMATICS SPECIALIST (ELEMENTARY	
<input type="checkbox"/> COOPERATIVE EDUCATION (CAREER AND		<input type="checkbox"/> OR SPECIAL ED. CERTIFICATE REQUIRED)	\$60
<input type="checkbox"/> TECHNICAL EDUCATION CERTIFICATE REQUIRED)	\$60	<input type="checkbox"/> MIDDLE GRADE (5-9)	\$60
<input type="checkbox"/> DANCE	\$60	<input type="checkbox"/> MUSIC	\$60
<input type="checkbox"/> DRAMATIC ARTS	\$60	<input type="checkbox"/> PHYSICAL EDUCATION	\$60
<input type="checkbox"/> DRIVER'S EDUCATION	\$60	<input type="checkbox"/> READING SPECIALIST	\$60
<input type="checkbox"/> ELEMENTARY FOREIGN LANGUAGE -			
<input type="checkbox"/> LANGUAGE:	\$60		

SECTION 3: EDUCATION

Please submit all applicable official transcripts bearing the original seal or stamp of the registrar.

	COLLEGE OR UNIVERSITY	LOCATION, STATE	DEGREE/MAJOR	DATE
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

IMPORTANT: Please **maintain** copies of all your personal and professional records for future use.**Official transcripts will not be returned without a self-addressed, stamped envelope.****SECTION 4: PRACTICUM, STUDENT TEACHING AND INTERNSHIPS**

Have you completed any student teaching, practicums or internships?....YES___ NO___

If "YES," circle the grade-levels: K 1 2 3 4 5 6 7 8 9 10 11 12 Subject area(s): _____ Dates: _____

To obtain a waiver of student teaching you must submit verification of **two years** of full-time teaching experience on official letterhead.**SECTION 5: CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE****ATTN:** If "YES" is indicated for any of the following questions, please **attach a full explanation to this application, a statement must be provided with each application.**

- Have you ever had any professional certificate or license, revoked or suspended?.....YES___ NO___
- Have you ever received a reprimand or other disciplinary action involving any professional certification or license?...YES___ NO___
- Have you ever been convicted of any felony offense?.....YES___ NO___
- Have you ever been arrested for any offense for which you were fingerprinted?.....YES___ NO___**
- HAVE YOU EVER BEEN ARRESTED FOR ANY OF THE FOLLOWING OFFENSES IN THIS STATE OR SIMILAR OFFENSES IN ANOTHER JURISDICTION?**

a Second-degree murder	YES___ NO___	k Taking a child for the purpose of prostitution as prescribed in section 13-3206	YES___ NO___	r Any offense causing you to register as a sex offender	YES___ NO___
b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age	YES___ NO___	l Child prostitution as prescribed in section 13-3212	YES___ NO___	s First-degree murder	YES___ NO___
c Sexual assault	YES___ NO___	m Involving or using minors in drug offenses	YES___ NO___	t Armed Robbery	YES___ NO___
d Molestation of a child	YES___ NO___	n Continuous sexual abuse of a child	YES___ NO___	u Incest	YES___ NO___
e Sexual conduct with a minor	YES___ NO___	o Attempted first-degree murder	YES___ NO___	v Exploitation of minors involving drug offenses	YES___ NO___
f Commercial sexual exploitation of a minor	YES___ NO___	p Any other dangerous crime against children as defined in section 13-604.01	YES___ NO___	w Sexual abuse of a vulnerable adult	YES___ NO___
g Sexual exploitation of a minor	YES___ NO___	q Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001	YES___ NO___	x Sexual exploitation of a vulnerable adult	YES___ NO___
h Child abuse	YES___ NO___			y Commercial sexual exploitation of a vulnerable adult	YES___ NO___
i Kidnapping	YES___ NO___			z Abuse of a vulnerable adult	YES___ NO___
j Sexual abuse of a minor	YES___ NO___			aa Molestation of a vulnerable adult	YES___ NO___
				bb Neglect of a vulnerable adult	YES___ NO___

I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

Date

Applicant's Signature

NOTE: Requirements may be subject to change and are fully referenced in the Arizona Revised Statutes and Arizona Administrative Code.